

CSHO ID	Opt Rpt #	Yr.	Insp. No.
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**Phone:** ( ) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ (Male \_\_\_\_\_) (Female \_\_\_\_\_)

**Employed from:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(If known) Address/Phone:** \_\_\_\_\_

( ) Training on Requirements of Standard ( ) Hazards of Chemicals/Precautions for Handling Explained

☐ Training Program

( ) Training ( ) Effectiveness of Energy Control Procedures

[illegible]

**CSHO Signature**